



2022-2023
Release of Information

CHILD INFORMATION

Child's Name _____

PERMISSION TO RELEASE INFORMATION

GMCC and its programs have the responsibility of being in compliance with all local, state and national governing bodies. We are required to obtain your permission to confirm the presence of documentation in your child's file and/or to share information with the below person(s)/organization(s).

Please initial next to each person(s) or organization(s) you authorize release of information:

- _____ GMCC Administration and staff
- _____ Physician
- _____ Dentist
- _____ Hospital
- _____ School District Personnel
- _____ Other:

NH Facilities:

- _____ Public Health Nurse, New Hampshire Department of Health and Human Services
- _____ Child Care Licensor, State of NH Bureau of Child Care Licensing

Parent/Guardian Signature

Date